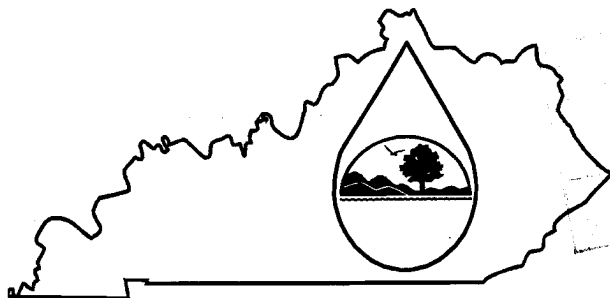


KPDES FORM 1

AE 436

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or **Short Form C**

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	3	4	8	0	1
A. Name of business, municipality, company, etc. requesting permit BULLITT COUNTY SANITATION DISTRICT - BULLITT HILLS									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: BCSD - BULLITT HILLS					Owner Name: BULLITT COUNTY SANITATION DISTRICT				
Facility Location Address (i.e. street, road, etc.): 12105 PRESTON HIGHWAY					Mailing Street: P.O. Box 818				
Facility Location City, State, Zip Code: LOUISVILLE, KENTUCKY, 40229					Mailing City, State, Zip Code: HILLVIEW, KENTUCKY, 40129				
					Telephone Number: (502) 957-6140				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

BCSD PROVIDES WASTEWATER COLLECTION AND TREATMENT FOR A PORTION OF HILLVIEW AND UN-INCORPORATED BULLITT CO.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

6552

Other SIC Codes:

NA

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions) SEE ATTACHED

B. County where facility is located:

BULLITT

City where facility is located (if applicable):

HILLVIEW

C. Body of water receiving discharge:

UN-NAMED TRIBUTARY OF
TAYLOR BRANCH

D. Facility Site Latitude (degrees, minutes, seconds):

38° - 4' - 36"

Facility Site Longitude (degrees, minutes, seconds):

85° - 40' - 0"

E. Method used to obtain latitude & longitude (see instructions): USGS TOPO MAP COORDINATES

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

NA

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: JERRY KENNEDY	Telephone Number: (502) 957-6140
Operator Mailing Address (Street): P.O. Box 818	
Operator Mailing Address (City, State, Zip Code): HILLVIEW KENTUCKY 40129	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: WASTEWATER CLASS IV	Certification Number: 8941

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY 0034801	Issue Date of Current Permit: 3-1-03	Expiration Date of Current Permit: 2-29-08
Number of Times Permit Reissued: UNKNOWN	Date of Original Permit Issuance: UNKNOWN	Sludge Disposal Permit Number: NA
Kentucky DOW Operational Permit #: AT ID - 436 ACTIVITY ID - APE200400d	Kentucky DSMRE Permit Number(s): NA	NA

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	NA
Solid or Special Waste	NA	NA
Hazardous Waste - Registration or Permit	NA	NA

VI. DISCHARGE MONITORING REPORTS (DMRs)
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or <input checked="" type="checkbox"/> official submitting DMRs:	JERRY KENNEDY
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	BECKMAN ENVIRONMENTAL LABORATORY
DMR Mailing Street:	3251 RUCKRIEGEL PARKWAY
DMR Mailing City, State, Zip Code:	JEFFERSONTOWN, KENTUCKY 40295
DMR Official Telephone Number:	(502) 266-6533

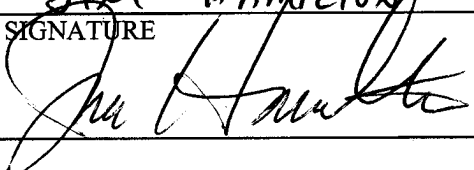
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

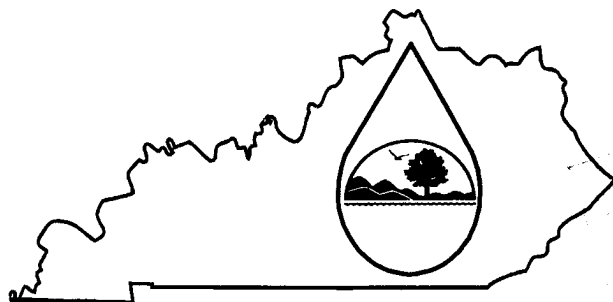
Facility Fee Category: GOVERNMENTAL PUBLIC OPERATED	Filing Fee Enclosed: NA
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Jim Hamilton - District Chairman	TELEPHONE NUMBER (area code and number): (502) 957-6140
SIGNATURE 	DATE: 8-21-07

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

AUG 30 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>BULLITT COUNTY SANITATION DISTRICT - BULLITT HILLS</u>							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				<u>7</u>			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <u>900 TAPS @ 375 GPD/TAP = 337,500 GPD</u>							
B. If new discharger, indicate anticipated discharge date:				<u>MM</u>			
C. Indicate the design capacity of the treatment system:				MGD <u>0.35</u>			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
<u>001</u>	<u>38</u>	<u>4</u>	<u>36</u>	<u>85</u>	<u>40</u>	<u>0</u>	<u>UN-NAMED TRIB</u> <u>or TANYARD BRANCH</u>
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				<u>USGS TOPO MAP COORDINATES</u>			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	BCSD- BULLITT HILLS	DESIGN	GRINDING	
	WASTEWATER	0.35 MGD	ACTIVATED SLUDGE	3-A
	PMULTY		CLARIFICATION	1-U
		AVG	CHLORINATION (CL ₂)	2-F
		0.167 MGD	DE-CHLORINATION (SO ₂)	2-E
			AEROBIC DIGESTION	5-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
 ☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
 ☐ Publicly-owned treatment works (POTW). Name of POTW:
 ☐ Land application of Effluent
 ☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
 ☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

NONE

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	NA per year	NA per year
Give average duration of bypass	NA hours	NA hours
Give average volume per incident	NA 1,000 gallons	NA 1,000 gallons
Give reason why bypass occurs:	NA	

B. Number of Overflow Points:

NONE

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	NA per year	NA per year
Give average duration of overflow:	NA hours	NA hours
Give average volume per incident:	NA 1,000 gallons	NA 1,000 gallons

C. Number of seasonal discharge points	NA
Give the number of times discharge occurs per year	NA
Give the average volume per discharge occurrence	(1,000 gallons) NA
Give the average duration of each discharge	(days) NA
List month(s) when the discharge occurs	NA

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
PORTION OF THE CITY OF HILLVIEW	554 ACTIVE TAPS
PORTION OF UN-INCORPORATED	
BULLITT COUNTY	
TOTAL POPULATION SERVED	UN-KNOWN

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

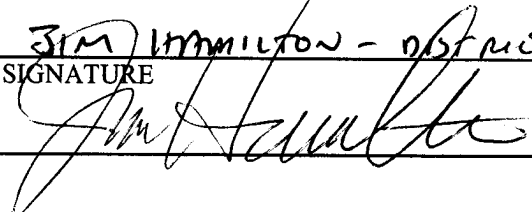
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	mg/l 14	mg/l 4.78	39
TOTAL SUSPENDED SOLIDS	mg/l 22	mg/l 7.33	39
FECAL COLIFORM	count 573	count 55	39
TOTAL RESIDUAL CHLORINE	mg/l .01	mg/l .01	39
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA	mg/l 10	mg/l 1.57	39
DISCHARGE FLOW	0.628 mcm	0.156 mcm	270
PH	unit 7.8	min 6.2	39
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

24/7

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
JIM HAMILTON - DISTRICT CHAIRMAN	(502) 957-6140
SIGNATURE	DATE
	8-21-07



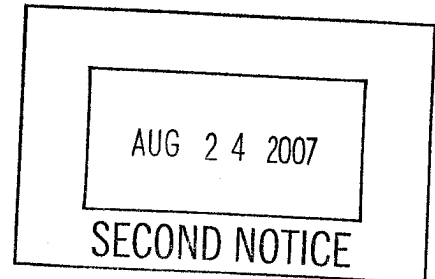
ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

July 30, 2007

Mr. Jim Hamilton
Bullitt County Sanitation District
P.O. Box 818
Hillview, Kentucky 40129



RE: KPDES No. KY0034801
Bullitt Hills Subdivision
Bullitt County, Kentucky

Dear Mr. Hamilton:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on February 29, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 5, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Ann S Workman

for

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office
Division of Water Files

August 28, 2007

Ms. Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

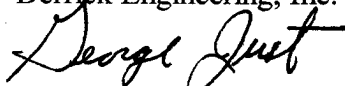
Re: KPDES No. KY0034169 Hillview Sewer System Plant #2
KPDES No. KY0094307 Willabrook Sanitation
KPDES No. KY0034801 Bullitt Hills Subdivision
KPDES No. KY0034177 Hillview Sewer System Plant #3

Dear Ms. Vickie L. Prather:

Enclosed are Permit Application (Form 1 & SC) as required by your letter to Mr. Jim Hamilton dated July 30, 2007, requiring the Bullitt County Sanitation District to file for a renewal of their KPDES with will expire February 29, 2008 for the above reference Wastewater Treatment Plants.

Please review the enclosed information and if you have any questions or needed additional information please call Mr. Jerry Kennedy at 502-643-3167 cell phone or Derrick Engineering, George Just at 502-636-9273 or fax at 502-636-9274 or E-mail derrickinc@bellsouth.net.

Very Truly Your,
Derrick Engineering, Inc.


George Just, CET

cc: Jerry Kennedy, BCSD

File No. 392323



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

November 28, 2007

Jim Hamilton
Bullitt County Sanitation District
P.O. Box 818
Hillview, KY 40129

Re: KPDES Application Complete
KPDES No.: KY0034801
Bullitt Hills Subdivision
AI ID: 436
Activity ID: APE20070001
Bullitt County, Kentucky

Dear Mr. Hamilton,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on October 29, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

A handwritten signature in cursive script, reading "Sara Beard".

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB

Enclosures

c: Louisville Regional Office
Division of Water Files